

NEVADA STATE BOARD OF HEARING AID SPECIALISTS

P.O. Box 190, Carson City, Nevada 89702

702-571-9000 - voicemail

nvhearingaidbrd@live.com

APPLICATION FOR 2014-2015 LICENSE RENEWAL

MUST BE PRINTED OR TYPED and LEGIBLE OR WILL BE RETURNED AND NOT DEEMED TO BE FILED

Specialist Name: _____ License Status: Active - \$200.00
**E-mail address: _____ Inactive - \$100.00
Required to communicate notifications Apprentice - \$100.00

Please list #1 as the address that will be published to the public and all correspondence will be mailed to. Please enclose a check for the appropriate amount representing license renewal fee for the 2014-2015 license year, a copy of the current sales agreement and current calibration certificate for each audiometer used by the Specialist for the following location(s):

#1. Published Public Address: _____
Phone: _____ FAX: _____

#2. Alternate Address: _____
Phone: _____ FAX: _____

ATTACH ADDITIONAL SHEETS, IF NECESSARY, WITH ADDITIONAL BUSINESS ADDRESSES AND PHONE NUMBERS WHERE YOU ARE PRACTICING.

PER NRS 637A.190 - YOU MUST NOTIFY THE BOARD IN WRITING OF ANY CHANGE OF ADDRESS WITHIN TEN (10) WORKING DAYS.

Specialist Signature: _____ License No.: _____

Total number of renewal stickers requested _____
Add \$10.00 for each additional sticker

Total Amount Enclosed: \$ _____

THIS APPLICATION MUST BE RETURNED WITH COPY OF CURRENT SALES CONTRACT, THE ENCLOSED CHILD SUPPORT INFORMATION FORM, CURRENT CALIBRATION CERTIFICATE FOR EACH AUDIOMETER USED, THE \$200 RENEWAL FEE AND PROOF OF 12 HOURS OF CONTINUING EDUCATION UNITS. MUST BEAR A POSTMARK ON OR BEFORE JUNE 30, 2014

THERE IS NO GRACE PERIOD. Renewal applications received after June 30, 2014 will be assessed an additional \$100.00. **An application for renewal that is incomplete, illegible, or not accompanied by the required fee/information will be returned and will not be deemed filed and will not be renewed.**